•	P10/58/06 (08-03)
	Approved for use through 7/31/2006, OMB 0651-0032
I lodge the Dangound D	U.S. Pater Trademark Office; U.S. DEPARTMENT OF COMMERCE- ion Act of 1995, no persons are required to respond to a collection information unless it displays a valid OMB control number.
Officer the Paper Work ING	Cut Act of 1995, no persons are required to respond to a collection. Information unless it displays a valid OLD control number
	The state of the s

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			
CLAIMS AS FILED PART I (Column 1) (Column 2)						SMALL	ENTITY	OR:	OTHER THAN SMALL ENTITY		
	FOR	NUME	BER FILED	NUMB	ER EXTRA	RATE	RATE FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							s	OR		· ·	
	TAL CLAIMS CFR 1.16(c))		minus 20	<u>.</u> .		x s · =		1		<u>s</u>	
INDEPENDENT CLAIMS		ıs				X S=		OR	× s=	ļ <u>.</u>	
(37 CFR 1 16(b)) minus 3 =					X \$=	ļ	OR	× \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=		
tf	the difference in α	olumn 1 is less th	an zero, ent	er "0" in column	2.	TOTAL		OR.	TOTAL		
	CI	AIMS AS AM	ובאוטבט	·DADT II					· TOTAL	L	
	1100 21	AINO AO AIN	י	- PART II				*			
_	11-8-04	(Column 1)		(Column 2)	(Column 3)	SMALLI	ENTITY	OR		R THAN ENTITY	
f		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI]	a d	٠.	
z	$ \wedge $	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	MAIE	ADDI- TIONAL		RATE .	ADDI- TIONAL	
AMENDMEN	Total (37 CFR 1.16(c))	17	Minus	" 21/1	= 7		FEE /		W/	FEE	
$\frac{2}{2}$	Independent	·/ <u>U</u>	Minus	<u> </u>		x s_7_=		OR	x s/X =	- /-	
≥ H	(37 CFR 1 16(b))	· X	11	3_		x s40 =		OR .	x s & =		
⋖ —	FIRST PRESENTA	ITION OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	R 1 16(d))	+ \$\int\)=	/	OR .	+300	1	
						TOTAL		.1	TOTAL	/ .	
		10-1 11				ADD'L FEE		OR	ADD'L FEE		
~		(Column 1) —CLAIMS	7	(Column 2)	(Column 3)				=======		
Ω =		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	;	RATE	ADDI-	
<u></u>	Total	AMENEMENT		PAID FOR			TIONAL FEE			TIONAL	
FINDIMENT	(37 CF6.1 16(cm		Minus		=	x s =		OR .	x s =		
<u>.</u>	Indet ent (ent) (37 OFR 1 16,00)		Manus	-	=	X S=		T 10R T.	-X3: = -		
2	FIRST URESENTA	Tion of touries	E DEPENDEN	TOWN WISE	R 1 1811			U.S.	. 3		
				(0) (0)		TOTAL =		· 04 [+ s =	·	
_											
						ADDIL FEE		Chin	ADOIL FEE		
		<u> </u>		Insun.	1. je 1	4001 788		₩.	Auditor to		
		Security 1		The same of the sa	1. m 3	ADOL FEE		uw × × ×-{	Average [
	· .			om anglat ng magaliti ng anglat	1. # 1 - 1	4001. #88	41.5 k 40.5 k 40.0 kg/s			***	
1 1 1				erradjal 1. maj s					***C*** ten		
	Independent			om anglat ng magaliti ng anglat		A001 988	1 m 2 m 2 m 3		*		
	Independent (ST CTR 1 1800)	AMERICA TELEFORMATION	Mareis -	The second secon			1 m 2 m 2 m 3		<u>-</u>	- 124 - 124	
	Independent	AMERICA TELEFORMATION	Mareis -	The second secon		X 5 ===	1 m 2 m 2 m 3	OF	A = =		
A VIVIL (NC) (VI)	Independent (ST CTR 1 1800)	AMERICA TELEFORMATION	Mareis -	The second secon		X S =	1 m 2 m 2 m 3	OP B	A =		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

The "Highest Number Previously Paid For" (Lotal or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C.-122 and 37 CFR 1.14. This collection is estimated the table 10 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO'NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/806274

			SMALL EN		OTHER THAN SMALL ENTITY							
TOTAL CLAIMS			(Column	1)	(Colur		TYPE [OR			
TOTAL CLAIMS					12 11 3 4	() + (RATE	FEE		RATE	FEE	\sim
FO	R		NUMBER F	ILED	NUMB	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00	86 d
то	TAL CHARGEA	BLE CLAIMS	∫Ø mini	us 20=	*		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	2mir	nus 3 =	*		X40=		OR	X80=		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT				+135=		OR	+270=		1
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTAL		OR	TOTAL	860	
		LAIMS AS A					TOTAL		JON	OTHER		1
	0.	(Column 1)			mn 2)	(Column 3)	SMALL I	ENTITY	OR	SMALL]
AMENDMENT A	**************************************	CLAIMS REMAINING AFTER AMENDMENT	44444 4444 4444 4444 1544	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		+135=		OR	+270=		1
		-					TOTAL		OR	TOTAL		1
		(0.1		(O-l	0\	(Caluman 0)	ADDIT. FEE	l	Jon	ADDIT. FEE	. L	
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	<u> </u>	ADDI-	1	r-	ADDI-	1
NT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		Ξ	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.105	. ———	1		<u> </u>	1
					٠.		+135=		OR	TOTAL		4
	ADDIT. FEE OR ADDIT. FEE									-{		
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C	Secure 4	CLAIMS REMAINING AFTER AMENDMENT	ner si Marks	NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>				 	1
	If the autoria action	mn 1 in lane than	the entry in cal-	ımp ()	ito "O" in co	, olumn 3	+135=		OR	+270=		_
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									4			